

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An annual Recertification survey and complaint investigation #'s 26159, 26365, 26638, 27504, and 27508 were completed February 22 - 24, 2011, at Jefferson City Health and Rehab Center. No deficiencies were cited related to the complaint investigations under 42 CFR Part 483, Requirements for Long Term Care Facilities. 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to update care plans for two residents (#7, #5) of twenty-nine residents reviewed.	F 000	This Plan of Correction is the center's credible allegation of compliance. "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law." F279	3/21/11	
F 279 SS=D		F 279	1. Care Plans for residents #5 and #7 have been reviewed by the interdisciplinary team and updated on 2/24/11 to address the resident's current pressure ulcers. 2. Current care plans for residents with skin conditions were reviewed and updated on March 8-10, 2011 by the interdisciplinary team to address the resident's current status. 3. Residents with identified skin changes will be reviewed each weekday by the interdisciplinary team. The care plan will be appropriately updated during this review. The Standards of Care Committee will review wound care plans during the weekly meeting to insure all care plans have been appropriately updated. The interdisciplinary team was in-serviced on the development of care plans for skin conditions by the Staff Development Coordinator on 3/7/11.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 279	Continued From page 1 The findings included: Resident #7 was admitted to the facility on October 10, 2010, with diagnoses including End Stage Renal Disease, Diabetes and Congestive Heart Failure. Medical record review of the Wound/Skin Healing Record dated January 21, 2011, revealed the resident had developed a fluid filled blister (stage 2 pressure ulcer) to the right heel. Medical record review of the care plan updated on January 25, 2011, revealed the care plan did not address the resident's current pressure ulcer on the right heel. Interview with the Director of Nursing on February 22, 2011, at 3:00 p.m., in the conference room, confirmed the care plan updated on January 25, 2011, did not address the resident's current pressure ulcer on the right heel. Resident #5 was re-admitted to the facility on May 30, 2010, with diagnoses including Alzheimer's Dementia, Hypertension, and Psychosis. Medical record review of the Wound/Skin Healing Record dated December 22, 2010, revealed the resident had developed a pressure ulcer on the right ankle. Medical record review of the resident's current care plan up-dated on January 10, 2011, did not address the resident's pressure ulcer on the right ankle. Interview on February 23, 2011, at 3:30 p.m., in	F 279	<i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i> 4. The Director of Nursing or designee will audit all care plans of residents with identified skin changes on a weekly basis to find if they have been updated and are appropriate. Findings of these audits will be reported to the Quality Assurance Committee by the Director of Nursing for three months for review.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 279	Continued From page 2 the staff development office with the Minimum Data Set Coordinator, confirmed the pressure ulcer on the right ankle was not addressed on the resident's current care plan.	F 279	<i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i>		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to remove expired medications from two of five medication carts and one of three medication rooms. The findings included: Observation of the 600 hall medication cart on	F 425	 F425 1. Medications identified as being expired during the survey have been subsequently destroyed.. 2. Medication carts and medication rooms were audited for other expired medications on 3/2/11 by unit managers. 3. Medication carts and Medication Rooms will be inventoried weekly by unit managers for medications which may have expired and need to be removed. Nursing staff were in-serviced on 3/4/11 by the Staff Development Coordinator on the requirement to accomplish these audits and on the requirement to document the results and remove expired medications when discovered. 4. The Director of Nursing or designees will audit medication carts and medication rooms weekly for 4 weeks and then random audits will be completed every 2 weeks for one month and then monthly. Findings of these audits will be reported to the Quality Assurance Committee by the Director of Nursing for three months for review	3/21/11	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 425	Continued From page 3 February 23, 2011 at 9:45 a.m., revealed two vials of Phenergan 25 mg/ml available for use with an expiration date of October 2010 and ten vials of Phenergan 25 mg/ml available for use with an expiration date of January 2011. Interview with LPN #1 at the medication cart in the 100 hallway at the time of the observation confirmed the vials of Phenergan had expired. Observation of the medication room refrigerator on the 500 and 600 halls on February 23, 2011 at 10:00 a.m., revealed five Phenergan 25mg suppositories available for use with an expiration date of November 2010, two Phenergan 25mg suppositories available for use with an expiration date of July 2010, one Phenergan 25mg suppository available for use with an expiration date of September 2010 and one Phenergan 25mg suppository available for use with an expiration date of November 2010. Interview with Unit Manager #1 in the medication room at the time of the observation confirmed the Phenergan suppositories had expired. Observation of the medication cart on the 300 hall on February 23, 2011, at 10:25 a.m., revealed eight vials of Phenergan 25 mg/ml available for use with an expiration date of October 2010. Interview with LPN #2 at the medication cart in the 300 hall at the time of the observation confirmed the vials of Phenergan had expired.	F 425	"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system	F 431			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431	<p>Continued From page 4</p> <p>of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review, and interview, the facility failed to accurately reconcile controlled medications for four residents (#9, #26, #7, #27) of seventeen residents receiving controlled</p>	F 431	<p><i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i></p> <p>F431</p> <p>1. The Medication Administration Record and the Controlled Substances Sheet were reconciled by the DON on 02/24/11. LPN#3 was re-educated by the DON regarding reconciliation of individual controlled substance records.</p> <p>2. Current Medication Administration Records and the Controlled Substances Sheets were reviewed and reconciled by unit managers on 3/2/11.</p> <p>3. Nursing staff were in-serviced on 3/2/11 by the Staff Development Coordinator on procedures for administration and documentation of Controlled Substances.</p> <p>The Unit Manager or designee will audit each shift of each hall on a monthly basis.</p> <p>4. The Director of Nursing or designee will audit each shift and nurses during varying stages of the day for proper documentation of controlled substances. These audits will occur weekly for 4 weeks and then every two weeks for 4 weeks and then monthly at random times.</p>	3/21/11	

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 431	<p>Continued From page 5 medications on the 100 hall.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the facility on March 9, 2006, with diagnoses including Cervical disc Disease with Myelopathy and Vertebral Artery Compression Syndrome. Medical record review of the Individual Patient's Controlled Substances Record revealed the resident receiving Hydrocodone / Acetaminophen (Norco 10) 10 - 325 mg (milligram) take one tablet by mouth five times daily with "...28..." documented as administered. Observation with Licensed Practical Nurse #3 (LPN) of the medication cart narcotic box on February 24, 2011, at 9:35 a.m., revealed the resident with twenty-seven Hydrocodone tablets available for use. Interview with LPN #3 at the time of the observation confirmed LPN #3 had failed to reconcile the Individual Patient's controlled Substances Record to document the last dose administered.</p> <p>Resident #26 was admitted to the facility on November 29, 2010, with diagnoses including Pneumonia and Chronic Pain. Medical record review of the Individual Patient's Controlled Substances Record revealed the resident receiving Hydrocodone / Acetaminophen (Lortab) 10 - 500 mg one tablet by mouth four times daily "...14..." documented as administered. Observation with LPN #3 of the medication cart narcotic box on February 24, 2011, at 9:37 a.m., revealed the resident with thirteen Hydrocodone tablets available for use. Interview with the LPN #3 at the time of the observation confirmed LPN #3 had failed to reconcile the Individual Patient's controlled Substances Record to document the last dose administered.</p>	F 431	<p><i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i></p> <p>Findings of these audits will be reported to the Quality Assurance Committee by the Director of Nursing for three months for review.</p>		

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 431	<p>Continued From page 6</p> <p>Resident #7 was admitted to the facility on October 25, 2010, with diagnoses including Dementia. Medical record review of the Individual Patient's Controlled Substances Record revealed the resident receiving Hydrocodone / Acetaminophen (Norco) 5 mg - 325 mg take one tablet by mouth every eight hours as needed with "...21..." documented as administered. Observation with LPN #3 of the medication cart narcotic box on February 24, 2011, at 9:38 a.m., revealed the resident with twenty Hydrocodone tablets available for use. Interview with LPN #3 at the time of the observation confirmed LPN #3 had failed to reconcile the Individual Patient's controlled Substances Record and document the last dose administered.</p> <p>Resident #27 was admitted to the facility on April 19, 2005, with diagnoses including Pneumonia. Medical record review of the Individual Patient's Controlled Substances Record revealed the resident receiving Oxycodone-Acetaminophen (Percocet) 2.5-325 mg take one tablet by mouth twice daily with "...19..." documented as administered. Observation with LPN #3 of the medication cart narcotic box on February 24, 2011, at 9:39 a.m., revealed the resident with eighteen Oxycodone tablets available for use. Interview with LPN #3 at the time of the observation confirmed LPN #3 had failed to reconcile the Individual Patient's controlled Substances Record and document the last dose administered.</p> <p>Review of facility policy Medication Administration Controlled Substances revealed "...When a controlled medication is administered, the licensed nurse administering the medication</p>	F 431	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>		

PRINTED: 02/28/2011
FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445246	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/24/2011
NAME OF PROVIDER OR SUPPLIER JEFFERSON CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 431	<p>Continued From page 7</p> <p>enters the following information on the accountability record: a. Date and time of administration...b. Amount administered...c. signature of the nurse administering the dose...5. Administer the controlled medication and document dose administration on the MAR (medication administration record)..."</p> <p>Interview with Unit Manager #2 on February 24, 2011, at 9:45 a.m., in the 100 hall at the medication cart confirmed the Individual Patient's Controlled Substance Record for resident #9, #26, #7, and #27, were not accurate.</p> <p>Interview with the Administrator and Director of Nursing in the hallway outside the Administrator's office on February 24, 2011, at 2:15 p.m., confirmed LPN #3 had failed to follow facility policy for documenting controlled medications when administered and accurately reconciling controlled medications.</p>	F 431	<p>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</p>		